| (Give place and date)  HE UNITED STATES, Dr.,  Payee's Account No.  (Payee)  (Payee)  (Address)  (City)  (State)  ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply QUANTITY  QUANTITY  QUANTITY  | . S   | COS   | T REIMBI                       | URSABLE<br>eartment, bureau, or e   | stablishment)   |                                  |                            |   | •  | PA                                    | ID BY            |                |
|--|---|---|--------------------------------|---|---|----------------------------------|----------------------------|---|--|---------------------------------------|------------------|----------------|
| HE UNITED STATES, Dr.,  Payee's Account No.  (Payee)  (Chry)  (Chry)  (State)  (Chry)  (Copy / OF 2.  (Copy / O   | oucher prepe  | ared at   |                                |   |   |                                  |                            |   |  |                                       | a)               |                |
| COPY / OF Z    COPY / OF Z   |   |   |                                |   |   |                                  |                            |   |  |                                       | #12              | ì              |
| (Payes)  (City)  (City   |   |   |                                | · ·   |   |                                  |                            |   |  | 00127                                 | 26-59            | Vi bere.       |
| AVAMENT: Complete Partial Partial Partial Weight Generated and just and that payment has not been received, ATINTL Gille and payment to authority vested in me, I certify that this account is correct and proper for payment.  Approved for \$  Sign and the payment in the received and proper for payment.  Approved for \$  Sign and the processor of this form number of contract on Federal supply generated and proper for payment.  Complete   Dollars   Contract No.   Date   Contract No.    | o   |   |                                | (Payee)   |   |                                  |                            |   | -  | COPY /                                | OF 2             | , .            |
| ATTICLES OR SERVICES    ATTICLES OR SERVICES   ACTICLES OR SERVICES  |   |   |                                |   |   |                                  | 4-4-                       |   |  |                                       |                  |                |
| AYMENT:  Complete   Partial   Use continuation sheet(s) if necessary  Partial   Use continuation sheet(s) if necessary  Phipped from to Weight Government B/L No.  Total \$10,986. I  ATINTL (Sign original only)  Date   Per   Dollars    Cost \$ Per   Dollars    \$10,986. I  Final   Amount verified; correct for    (Signature or initials)    Amount verified; correct for    (Signature or initials)    Contract No.   Date   Req. No.   Date   Invoice Rec'd.  Approved for \$    Approved for \$    Approved for \$    Approved for \$    Cost   Per   Dollars    \$10,986. I  \$10,986. I  Approved    Amount verified; correct for    (Signature or initials)    (Authorized Certifying Officer)  Title   Date    ORIGINAL ONLY    Date   Date    The reverse of this form must be executed when furchases are made or services secured without wentlend accessary)  Date   Date    The reverse of this form must be executed when furchases are made or services secured without wentlend accessary)  The reverse of this form must be executed when furchases are made or services secured without wentlend accessary)  The reverse of this form must be executed when furchases are made or services secured without wentlend accessary)  The reverse of this form must be executed when furchases are made or services secured without wentlend accessary)  The reverse of this form must be executed when furchases are made or services secured without wentlend accessary)   |   | (Add  |                                | APTICIES  | OR SERVICES   |                                  |                            |   | UNIT   | PRICE                                 | AMOUN            | T              |
| AYMENT:  Complete    Partial   Use continuation sheet(s) if necessary    hipped from to Weight Government B/L No. Total    ATINTL (Sign original only)  Date   Per   |   | Date of Delivery<br>or Service  | sche                           | dule, and other inf   | nber of contrac<br>ormation deem  | t or Federal su<br>ed necessary) | рріу                       | QUANTITY                                    | Cost   | Per                                   | Dollars          | Cts            |
| AVMENT:    Complete  |   |   |                                |   |   |                                  |                            |   |  |                                       | 470.000          | .              |
| Complete   Partial   Use continuation sheet(s) if necessary   Total   \$10,986. I  |   |   |                                | Costs   |   |                                  |                            |   |  |                                       | \$10,900         | ) <del> </del> |
| Complete   Partial   Use continuation sheet(s) if necessary   Total   \$10,986. I  |   |   |                                |   |   |                                  |                            |   |  |                                       |                  |                |
| Complete   Partial   Use continuation sheet(s) if necessary   Total   \$10,986. I  |   |   |                                |   |   |                                  |                            |   |  |                                       |                  |                |
| Partial Use continuation sheet(s) if necessary    Discretify that the above bill is cerrect and just and that payment has not been received.   Cayee must NOT use this space)  | YMENT:  |   |                                |   |   |                                  |                            |   |  |                                       |                  |                |
| Use continuation sheet(s) if necessary  hipped from to Weight Government B/L No. Total  Certify that the above bill is correct and just and that payment has not been received.  ATINTL (Sign original only)  Per Title Signature or initials)  Contract No. H-/O  Date Req. No. Date Invoice Rec'd.  Approved for \$  Contract No. H-/O  Title Contract and proper for payment.  Approved for \$  Contract No. Only  Contract |   |   |                                |   | •   |                                  |                            |   | •  |                                       |                  | ŀ              |
| hipped from to Weight Government B/L No. Total (\$10,986.]  certify that the above bill is correct and just and that payment has not been received.  ATINTL (Sign original only)  Date 2-3-59  Per Title (Signature or initials)  Contract No. H-101 Date Req. No. Date Invoice Rec'd.  Pursuant to authority vested in me, I certify that this account is correct and proper for payment.  Papproved for \$ (Authorized Certifying Officer)  SIGN ORIGINAL ONLY  Title Date  THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM  |   |   |                                |   |   |                                  |                            |   |  |                                       |                  |                |
| Certify that the above bill is correct and just and that payment has not been received.  ATINTL (Sign original only)  ate 2-3-59  *Paves  *Paves  **Paves  *   |   | 1   |                                | Use continuation  | n sheet(s) if nec   | essary                           |                            | 1   |  |                                       |                  |                |
| ATINTL (Sign original only)  ate 2-3-59  Per Title (Signature or initials)  Amount verified; correct for (Signature or initials)  Ontract No. H-101 Date Reg. No. Date Invoice Rec'd.  Approved for \$ (Authorized Certifying Officer)  ORIGINAL ONLY  THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM   | ipped from  | <u>                                     </u>                                | :0                             |   |   |                                  |                            | 1   | m  |                                       | \$10,986         | 15             |
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Approved For Release 2001/08/15 : CIA-RDP64-00360R000600040199-3 368.00 531.98 75.00 30.00 50.77 30.70 30.70 0 NET AMOUNT 1977.8 Jago gago gago ymthoro Shand Total Work Order CHARGE DISTRIBUTION S.O. 4000 0000 0000 1000 1100 M.J.O. DISTR 12501 Account 000 Sub CENTER 000 Int. COST 222 505 Μαj. **ACCOUNTS PAYABLE** 17 IU IU 10 IU IU CODE .AT Tax Class Cost Element ---DISCOUNT GROSS Number Vendor 222 Day 000 NUMBER 41812 41825 41825 THE RAMO-WOOLDRIDGE CORPORATION PURCHASE ORDER 10054 9438 9863 INVOICE NUMBER 0,0,0 Y. 2007 Day BATCH FORM STL 000 ý らららららって Š. Approved For Release 2001/08/15 : CIA-RDP64-00360R000600040199-3